

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. \_\_\_\_\_

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES  
BUREAU OF HEALTH SYSTEM REGULATION  
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: William Smith

Petition No. 940707-10-069

PRELICENSURE CONSENT ORDER

WHEREAS, William Smith of Torrington, Connecticut (hereinafter "respondent") has applied for licensure to practice as a registered nurse by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent admits and acknowledges that:

1. The Department has at no time issued respondent a license to practice the occupation of registered nurse under Chapter 378 the General Statutes of Connecticut.
2. On October 2, 1989, respondent was convicted of operating under the influence of alcohol or drugs as a consequence of which his operator's license was suspended.
3. In December 1989, respondent was arrested for driving while his license was under suspension. Respondent then moved to Florida without resolving this arrest.
4. In September 1990, respondent returned to Connecticut for medical reasons and to resolve the outstanding arrest.

5. On March 15, 1991, respondent was convicted of escape, 1st degree; operating while his license was suspended; and, failure to appear. As a result of this conviction, he was placed on probation for a period of two years which probation he successfully completed.
6. By the actions described above, respondent has committed acts which, if respondent had been licensed at the time, fail to conform to the accepted standards of practice for registered nurses; therefore, respondent is subject to denial of his application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, William Smith hereby stipulates and agrees to the following:

1. That he waives the right to a hearing on the merits of this matter.
2. That upon satisfying the requirements for licensure as a registered nurse as set forth in Chapter 378 of the General Statutes of Connecticut, respondent's license to practice as a registered nurse will be issued.
3. That his license to practice as a registered nurse in the State of Connecticut shall, upon issuance, be placed immediately on probation for eighteen (18) months subject to the following terms and conditions:
  - A. Respondent shall provide a copy of this Prelicensure Consent Order to all current and future employers for the duration of his probation.

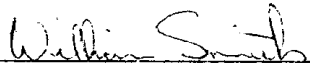
- B. Respondent shall not accept employment in any capacity for a personnel provider, visiting nurse agency or home health care agency for the period of his probation.
  - C. Respondent shall be responsible for the provision of quarterly written reports directly to the Department from his nursing supervisor (i.e., Director of Nursing) for the period of his probation. Employer reports shall include, but not be limited to, documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Department at the address cited in paragraph 9 below.
  - D. He shall attend, on at least a weekly basis, meetings of a 12 step program, e.g., Nurses for Nurses.
  - E. He shall provide on a quarterly basis documentation of such attendance to the Department at the address cited in paragraph 9 below.
  - E. Quarterly reports required in paragraphs 3C and 3E above are due on the tenth business day of the third full month after the effective date of this Prelicensure Consent Order and every third month thereafter.
4. That in the event respondent is unemployed for periods of thirty (30) consecutive days or longer, or is employed less than twenty (20) hours per week, respondent shall so notify the Department in writing. Such period(s) shall not be counted in reducing the probationary period.
5. That respondent shall comply with all state and federal statutes and regulations applicable to his license.

6. That respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
7. That respondent shall notify the Department of any change(s) in his home and/or business address within fifteen (15) days of such change.
8. That any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's registered nurse's license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescision of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.
9. That all correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Lynne A. Hurley, Investigator  
Department of Public Health and Addiction Services  
150 Washington Street  
Hartford, Ct 06106
10. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department.

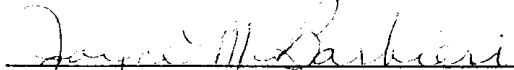
11. That he understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing in which his compliance with §20-99 of the General Statutes of Connecticut, as amended, is at issue.
12. That this Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive him of any other rights that he may have under the laws of the State of Connecticut or of the United States.
13. That this Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
14. That this Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
15. That this Prelicensure Consent Order is a matter of public record.
16. That respondent has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, William Smith, have read the above Prelicensure Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.



William Smith

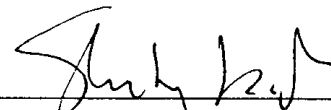
Subscribed and sworn to before me this 25 day of August 1994.



Notary Public or person authorized  
by law to administer an oath or  
affirmation

MY COMMISSION EXPIRES MAR. 31, 1995

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 30<sup>th</sup> day of August 1994, it is hereby ordered and accepted.



Stanley K. Peck, Director  
Division of Medical Quality Assurance

RAS:  
9850Q/90-95  
7/94



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES  
BUREAU OF HEALTH SYSTEM REGULATION

March 12, 1996

Mr. William Smith  
80 Turner Avenue  
Torrington, Connecticut 06790

Re: Prelicensure Consent Order  
Petition No. 940707-10-069  
License No. E57258-95

Dear Mr. Smith:

Please accept this letter as notice that you have successfully completed the terms of your probation, effective March 1, 1996.

Notice will be sent to our License and Registration section to remove any restrictions on your license related to this Prelicensure Consent Order.

Thank you for your cooperation in this process.

Very truly yours,

Bonnie Pinkerton  
Nurse Consultant  
Medical Quality Assurance

BEP  
1902Q/55  
3/96

*cc: Del Tomassone*

Phone: TDD: 203-566-1279  
150 Washington Street — Hartford, CT 06106  
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